

Congress of the United States

Washington, DC 20515

The Honorable Congressman Bill Posey
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NOTICE

The PRIVACY ACT of 1974 requires that written consent be obtained from the constituent before information can be disclosed from records with a federal agency. So that I might act on your behalf, I would appreciate it if you would sign the following statement. (If you are inquiring on behalf of another person, it is necessary that they sign the statement).

DATE: _____ EMAIL: _____
NAME (Mr.) (Mrs.) (Ms.) (Dr.) (Rev.): _____
ADDRESS: _____ APT #: _____
CITY: _____ STATE: _____ COUNTY: _____ ZIP CODE (+4): _____

I am a permanent resident of Brevard, Osceola, Polk or Indian River County (yes) _____ (no) _____

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

*****When applicable please supply the following information:**

SOCIAL SECURITY/MEDICARE #: _____ DATE OF BIRTH: _____
ALIEN #: A _____ VETERAN CLAIM #: C _____
ID #: _____ Federal Agency (ies) you request I contact _____

Please state the problem briefly: (additional information, pertinent documents explaining the situation may be attached)

What outcome do you hope to gain? _____

SIGNATURE: (**required) _____

****Please note, if the matter in which you request my help is not a federal matter, I may be limited in authority or I may be precluded from intervening on your behalf due to Congressional Code of Ethics. Please forward all state matters to your local State House or State Senator's attention for their review. Their numbers are listed in the front section of your local phone directory. (Typically state matters include HRS matters, food stamps, child support issues, Medicaid, Voc Rehab, State Workers Comp., Brevard Workforce, State Unemployment.)**